



Arkansas Department of Human Services

Division of Medical Services

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TO: Arkansas Medicaid Health Care Provider – Child Health Services/Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

DATE: April 1, 2005

SUBJECT: PROPOSED - Provider Manual Update Transmittal No. 57

REMOVE

Section	Date
212.000	10-13-03
242.100 – 242.150	10-13-03

INSERT

Section	Date
212.000	4-1-05
242.100 – 242.150	4-1-05

Explanation of Updates

Sections 200.000 through 202.000 have been included to add the information that providers who choose to participate in the Child Health Services EPSDT Program must complete a provider application, a provider contract and a request for a provider's identification number. Information has also been added to explain that individuals or entities that have been excluded or debarred under any state or federal law, regulation or rule are not eligible to enroll, or to remain enrolled, as Medicaid providers.

Section 212.000 has been revised. Billing information that was previously included in the section has been transferred to section 242.100. Text revisions have also been made for clarification of policy and to improve readability.

Section 215.110 has been included to update the immunization schedules made by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics and the American Academy of Family Physicians.

Section 215.120 has been included to define the purpose of the Vaccines for Children Program. Text revisions have been made for clarification of policy.

Section 242.100 has been included to add billing information that was transferred from section 201.000. Local codes have been removed from the section. Modifiers used in conjunction with the national procedure codes have been added and descriptions of certain EPSDT screens have been added or revised. Minor text revisions have been made for clarification of policy.

Section 242.110 has been revised to include minor text revisions and to add information about the CMS-1500 claim form. A link to the CMS-1500 has been included.

Section 242.120 has been revised to include minor text revisions and to remove obsolete information from the section. Links have been added for access to the American Dental claim form and to the CMS-1500 claim form.

Section 242.130 has been included to correct the name of the EPSDT Periodic Complete Medical Screen, to add modifiers to certain procedure codes and to revise the examples used to illustrate certain services. Minor text revisions have been made and obsolete information has been removed from the section.

Section 242.140 has been included to add new procedure codes and to add descriptions for vaccines covered in the program. Obsolete information has been removed from the section.

Section 242.150 has been included to add correct modifiers used in conjunction with national codes and to revise the descriptions of the EPSDT screens. Obsolete information has been removed from the section.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes will be automatically incorporated.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (toll-free) within Arkansas or locally and out-of-state at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website:

www.medicaid.state.ar.us.

200.000	CHILD HEALTH SERVICES (EPSDT) GENERAL INFORMATION	4-1-05
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201.000	Arkansas Medicaid Participation Requirements for Child Health Services (EPSDT) Providers Except School-Based Child Health Services Providers	4-1-05
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The Arkansas Division of Medical Services (DMS) recruits providers for medical, dental, visual, and hearing screenings and treatment services. All Child Health Services (EPSDT) providers are required to **complete a provider application (DMS-652), a Medicaid contract (DMS-653) and a Request for Taxpayer Identification Number and Certification (W-9).** [View or print a provider application \(form DMS-652\), a Medicaid contract \(form DMS-653\) and a Request for Taxpayer Identification Number and Certification \(Form W-9\).](#)

The Arkansas Medicaid Program must approve the provider application and the Medicaid contract as a condition of participation in the Medicaid Program. Persons and entities that are excluded or debarred under any state or federal law, regulation or rule are not eligible to enroll, or to remain enrolled, as Medicaid providers.

Providers must consider the screening fee designated by the Arkansas Medical Assistance Program as payment in full and are prohibited by law from requesting or receiving additional payment from the recipient or his or her responsible relatives.

Any licensed physician, family practitioner, obstetrician, pediatrician, optometrist, etc., or any outpatient hospital, community or public health clinic, supervised by a licensed physician that is enrolled in the Arkansas Medical Assistance Program and offers the screening package as outlined in the recommended screening procedures, is eligible to participate in the Child Health Services (EPSDT) Program.

In addition, providers offering screening components, including vision, hearing and dental screens, may enroll as Child Health Services (EPSDT) providers. Such providers may include optometrists, licensed audiologists and others.

In addition to signing the Medicaid **application and** contract, an eligible Child Health Services (EPSDT) provider must sign an agreement to participate as a Child Health Services (EPSDT) screening provider. [View or print participating EPSDT provider agreement.](#) If interested, please contact the Central Child Health Services (EPSDT) Office. [View or print the Central Child Health Services \(EPSDT\) contact information.](#) Payment for screens performed by providers who have not signed an agreement will be denied.

When Child Health Services (EPSDT) medical screenings, medical screening components or immunizations are not performed by a physician provider, the screening provider must have a written agreement with a physician who assumes the responsibility for the provision of Child Health Services (EPSDT) screenings and immunizations and agrees:

- A. To be available on a routine basis for consultation to screening staff,
- B. To ensure that screening staff have appropriate training and adequate skills for performing the procedures for which they are responsible and
- C. To periodically review the staff's level of performance in administering these procedures.

The physician does not have to be physically present in the clinic at all times during the hours of operation. However, the physician must assume responsibility for the clinic's operation. All screenings and immunizations must be performed by personnel meeting, at a minimum, registered nurse status.

202.000

Arkansas Medicaid Participation Requirements for School-Based Child Health Services Providers

4-1-05

School districts and education service cooperatives may provide all Child Health Services (CHS/EPSTD) screening services. A school district or cooperative may participate at one of two levels, as either a comprehensive screening provider who will provide all EPSTD screening components, or as a provider for vision and/or hearing screens.

Schools enrolling as comprehensive screening providers must meet the following criteria:

- A. The provider must complete a provider application (form DMS-652), a Medicaid contract (form DMS-653) and a Request for Taxpayer Identification Number and Certification (Form W-9). [View or print a provider application \(form DMS-652\), a Medicaid contract \(form DMS-653\) and a Request for Taxpayer Identification Number and Certification \(Form W-9\).](#)
- B. The provider application and Medicaid contract must be approved by the Arkansas Medicaid Program.
- C. The Arkansas Medicaid Program must approve the provider application and the Medicaid contract as a condition of participation in the Medicaid Program. Persons and entities that are excluded or debarred under any state or federal law, regulation or rule are not eligible to enroll, or to remain enrolled, as Medicaid providers.
- D. The provider must sign an agreement to participate as a Child Health Services (CHS) screening provider. [View or print participating EPSTD provider agreement.](#)
- E. The provider must be certified as a comprehensive CHS/EPSTD provider by the superintendent of schools. [View or print Certification of Schools to Provide Comprehensive EPSTD Services form.](#)

Schools or education service cooperatives enrolling as screeners for hearing and vision, hearing only or vision only must meet the following criteria:

- A. The provider must complete a provider application (form DMS-652), a Medicaid contract (form DMS-653) and a Request for Taxpayer Identification Number and Certification (Form W-9). [View or print a provider application \(form DMS-652\), a Medicaid contract \(form DMS-653\) and a Request for Taxpayer Identification Number and Certification \(Form W-9\).](#)
- B. The provider application and Medicaid contract must be approved by the Arkansas Medicaid Program.
- C. The Arkansas Medicaid Program must approve the provider application and the Medicaid contract as a condition of participation in the Medicaid Program. Persons and entities that are excluded or debarred under any state or federal law, regulation or rule are not eligible to enroll, or to remain enrolled, as Medicaid providers.
- D. The provider must sign an agreement to participate as a CHS screening provider per Section 201.000 of this manual. [View or print participating EPSTD provider agreement.](#)
- E. The provider must employ a licensed registered nurse who has completed training in vision and hearing conducted by the Arkansas Department of Health, Office of Hearing, Speech, and Vision Services. A copy of the nurse's current license and the certificate of completion of vision and hearing screening training from the Arkansas Department of Health must accompany the application.

PROPOSED

NOTE: School districts or education service cooperatives employing a qualified speech pathologist may complete an agreement to participate as a screening provider, using the speech pathology Medicaid provider number. The qualified speech pathologist may perform hearing screens and be reimbursed under the Medicaid provider number for speech pathology.

In situations where speech pathology services are provided by a qualified speech pathologist, who is contracted with a school district or an education service cooperative, the individual qualified speech pathologist may complete the agreement to participate as a CHS screening provider and perform hearing screens under the individual Medicaid number.

212.000

Scope

4-1-05

The Child Health Services (CHS) Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program is a federally mandated child health component of Medicaid. It is designed to bring comprehensive health care to individuals eligible for medical assistance from birth to age 21. Even if the person eligible for medical assistance is a parent, he or she is eligible for Child Health Services (EPSDT) if under age 21. Physicians and other health professionals who provide Child Health Services (EPSDT) screening may diagnose and treat health problems discovered during the EPSDT screening or may refer the child to other appropriate sources for such care.

The following is a broad definition of the components of the Child Health Services EPSDT program.

Early means as soon as possible in the child's life, or as soon as his or her family's eligibility for assistance has been established.

Periodic means at intervals established for screening by medical, dental, visual and other health care experts. The types of screening procedures performed and their frequency will depend on the child's age and health history. In Arkansas, the medical periodic screening schedule has been established following the recommendations of the American Academy of Pediatrics.

Interperiodic means providing medically necessary screenings between the recommended age ranges for medical, visual, hearing, dental, developmental and behavioral screenings in order to determine the existence of suspected illnesses or conditions.

Partial means a medical screen consisting of one or more of the Child Health Services (EPSDT) medical screening components, but not all components.

Screening is the use of quick, simple procedures to sort out apparently well persons from those who may have a disease or abnormality and to identify those in need of more definitive examination.

Diagnosis is the determination of the nature or cause of a disease or abnormality through the combined use of health history, physical, developmental and psychological examination, laboratory tests and X-rays.

Treatment means physician, hearing, visual or dental services or any other type of medical care and services recognized under state law to prevent, correct or ameliorate disease or abnormalities detected by screening or by diagnostic procedures. Treatment for conditions discovered through a screen may exceed limits of the Medicaid Program. Services not otherwise covered under the Medicaid Program will be considered for coverage if the services are prescribed by a physician as a result of an EPSDT screen. The services must be medically necessary and permitted under federal Medicaid regulations.

215.110 Immunization Record**4-1-05**

The child's immunization status should be assessed from the child's health record. If the child needs any immunization at the time of the screening, the immunization(s) will be administered as part of the screening process.

Immunizations for childhood diseases are exempt from primary care physician (PCP) referral requirements.

The Arkansas Medicaid program recommends that EPSDT providers follow the immunization schedule shown below as approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP).

The current immunization schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of **December 1, 2004**, for children through age 18 years. More information about the current immunization schedule may be found on the AAP Web site at www.aap.org/policy/0212.html. [View or print the Recommended Childhood Immunization Schedule.](#)

Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and the vaccine's other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations.

A. Hepatitis B vaccine (HepB)

1. All infants should receive the first dose of hepatitis B vaccine soon after birth and before hospital discharge. The first dose may also be given by the age of 2 months if the infant's mother is HBsAg-negative. Only monovalent HepB can be used for the birth dose. Monovalent or combination vaccine containing HepB may be used to complete the series. Four doses of vaccine may be administered when a birth dose is given. The second dose should be given at least 4 weeks after the first dose, except for combination vaccines, which cannot be administered before age 6 weeks. The third dose should be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the vaccination series (third or fourth dose) should not be administered before age **24 weeks**.
2. Infants born to HBsAg-positive mothers should receive HepB and 0.5 mL Hepatitis B Immune Globulin (HBIG) at separate sites within 12 hours of birth. The second dose is recommended at age 1-2 months. The last dose in the vaccination series should not be administered before age **24 weeks**. These infants should be tested for HBsAg and anti-HBs at 9-15 months of age.
3. Infants born to mothers whose HBsAg status is unknown should receive the first dose of the HepB series within 12 hours of birth. Maternal blood should be drawn as soon as possible to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible but no later than 1 week of age. The second dose is recommended at age 1-2 months. The last dose in the vaccination series should not be administered before age **24 weeks**.

C. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP)

1. The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose and the child is unlikely to return at age 15-18 months. **The final dose in the series should be given at age 4 years or older.**

PROPOSED

2. Tetanus and diphtheria toxoids (Td) are recommended at age 11-12 years if at least 5 years have elapsed since the last dose of tetanus and diphtheria toxoid-containing vaccine. Subsequent routine Td boosters are recommended every 10 years.

C. Haemophilus (**Hemophilus**) influenzae type b (Hib) conjugate vaccine

Three Hib conjugate vaccines are licensed for infant use. If PRP-OMP [PedvaxHIB® or ComVax® (Merck)] is administered at ages 2 and 4 months, a dose at age 6 months is not required. DTaP/Hib combination products should not be used for primary immunization in infants at ages 2, 4 or 6 months, but they can be used as boosters following any Hib vaccine. **The final dose in the series should be given at age 12 months or older.**

D. Measles, mumps, and rubella vaccine (MMR)

The second dose of MMR is recommended routinely at age 4-6 years but may be administered during any visit, provided at least 4 weeks have elapsed since the first dose and that both doses are administered beginning at or after age 12 months. Those who have not previously received the second dose should complete the schedule by the visit at age 11 or 12 **years**.

E. Varicella vaccine

Varicella vaccine is recommended at any visit at **or after age** 12 months for susceptible children (i.e., those who lack a reliable history of chickenpox). Susceptible persons ≥ 13 years of age should receive 2 doses, given at least 4 weeks apart.

F. Pneumococcal vaccine

1. The heptavalent pneumococcal conjugate vaccine (PCV) is recommended for all children ages 2-23 months. **It is also recommended for certain children ages 24-59 months. The final dose in the series should be given at age 12 months or older.**
2. Pneumococcal polysaccharide vaccine (PPV) is recommended in addition to PCV for certain high-risk groups. See *MMWR* 2000; 49 (RR-9) 1-**35**.

A. Hepatitis A vaccine

Hepatitis A vaccine is recommended for children and adolescents in selected states and regions and for certain high-risk groups; consult your local public health authority. Children and adolescents in these states and regions, and high-risk groups who have not been immunized against hepatitis A, can begin the hepatitis A **immunization** series during any visit. The two doses in the series should be administered at least 6 months apart. See *MMWR* 1999; 48 (RR-12); 1-37.

Note: Arkansas is not one of the selected states in which Hepatitis A immunizations are recommended. The recommendations could change, however, if there is an increase in the number of reported cases of Hepatitis A.

B. Influenza vaccine

Influenza vaccine is recommended annually for children age ≥ 6 months with certain risk factors (including but not limited to asthma, cardiac disease, sickle cell disease, HIV **and** diabetes) **healthcare workers** and **other persons (including household members) in close contact with** persons in groups at high risk (see *MMWR* 2004; 53(RR-6); 1-40) and can be administered to all others wishing to obtain immunity. In addition, healthy children, ages 6-23 months, **and close contacts of healthy children aged 0-23 months are recommended to** receive influenza vaccine because children in this age group are at substantially increased risk for influenza-related hospitalizations. **For healthy persons aged 5 through 49 years (please note: EPSDT does not cover services provided to individuals age 21 and over), the intranasally administered live, attenuated influenza vaccine (LAIV) is an acceptable alternative to the intramuscular trivalent inactivated influenza vaccine (TIV).** Children

PROPOSED

receiving TIV should be administered a dosage appropriate for their age (0.25 mL if age 6-35 months or 0.5 mL if ≥ 3 years). Children age ≤ 8 years that are receiving influenza vaccine for the first time should receive two doses (separated by at least 4 weeks for TIV and at least 6 weeks for LAIV).

215.120 Vaccines for Children

4-1-05

The Vaccines for Children (VFC) Program was established to enable free access to childhood immunizations for Medicaid-eligible children under nineteen years of age.

Arkansas Medicaid reimburses for the administrative fee for immunizations included in the Vaccines for Children (VFC) Program, which is administered by the Arkansas Department of Health (ADH). Providers may obtain the approved vaccines from the Department of Health.

To enroll in the VFC Program and obtain the vaccines, providers may contact the Arkansas Department of Health. [View or print the Arkansas Department of Health contact information.](#)

242.100 Procedure Codes

2-1-05

See section 212.000 for EPSDT screening terminology.

An EPSDT periodic complete medical screen includes both hearing and vision screens. Providers **must not** bill an EPSDT periodic or Interperiodic vision or hearing screen on the same day or within 7 days of an EPSDT complete medical screen by the same or different providers. The above billing combinations represent a duplication of services.

An EPSDT interperiodic full medical screen includes both hearing and vision screens. Providers **must not** bill an EPSDT periodic or Interperiodic vision screen on the same day or within 7 days of an EPSDT Interperiodic full medical screen by the same or different providers. The above billing combinations represent a duplication of services.

Claims for EPSDT medical screenings must be billed electronically, using the 694 format, or on paper, using the DMS-694 EPSDT claim form. [View or print a DMS-694 sample claim form.](#)

National Code	Modifier 1	Modifier 2	Description
99381-99385	EP	U1	EPSDT Periodic Complete Medical Screen (New Patient)
99391-99395	EP	U2	EPSDT Periodic Complete Medical Screen (Established Patient)
99381-99385	EP		EPSDT Interperiodic Full Medical Screen (New Patient)
99391-99395	EP		EPSDT Interperiodic Full Medical Screen (Established Patient)
99391-99395	EP	52	Partial Medical Screen/Reassessment EPSDT health and developmental history, including assessment of physical development (Established Patient)
96151	EP		Partial Medical Screen/Reassessment EPSDT health and developmental history, including assessment of mental development
99381-99385	EP	52	Partial Medical Screen/Reassessment EPSDT unclothed physical assessment (New Patient)
99391-99395	EP	U1	Partial Medical Screen/Reassessment EPSDT unclothed physical assessment (Established Patient)
99431 ¹ 99432 ¹ 99435 ¹	EP EP EP		Initial Newborn Care/EPSDT screen in hospital
99173 ¹	EP		EPSDT Periodic Vision Screen
V5008	EP		EPSDT Periodic Hearing Screen
V5008	EP	U1	EPSDT Interperiodic Hearing Screen
D0120 ¹			CHS/EPSDT Oral Examination
D0140 ¹			EPSDT Interperiodic Dental Screen, with prior authorization

92012 ¹	EP	TS	EPSDT Interperiodic Vision Screen
99401	EP		EPSDT Health Education - Preventive Medical Counseling
36415 ²			Collection of venous blood by venipuncture
83655			Lead

¹ Exempt from PCP referral requirements

² Covered when specimen is referred to an independent lab

Immunizations and laboratory tests may be billed separately from comprehensive screens.

The verbal assessment of lead toxicity risk is part of the complete CHS/EPSDT screen. The cost for the administration of the risk assessment is included in the fee for the complete screen.

Laboratory/X-ray and immunizations associated with an EPSDT screen may be billed on the DMS-694 EPSDT claim form.

When billing on paper, the EPSDT screening services must be billed with a type of service code "6."

For billing on paper, immunizations must be billed with a type of service code "1."

242.110 Newborn Care

4-1-05

For routine newborn care following a vaginal delivery or C-section, procedure code **99431**, **99432** or **99435** should be used one time to cover all newborn care visits by the attending physician. Payment of these codes is considered a global rate and subsequent visits may not be billed in addition to the codes. The procedure codes include the physical exam of the baby and the conference(s) with newborns parent(s) and is considered to be the initial newborn care/EPSDT screen in hospital.

The following procedure codes for initial hospital care must be used when billing for illness care, e.g., neonatal jaundice. Do not bill **99431**, **99432** or **99435** in addition to these codes. The procedure codes must be billed on the Centers for Medicaid and Medicare Services (CMS) billing form, titled the CMS-1500, or in the CMS-1500 format. [View or print a CMS-1500 sample form.](#)

99221	99222	99223
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242.120 Exceptions to DMS-694 EPSDT Claim Form Billing Procedures

4-1-05

All EPSDT procedure codes must be billed on the DMS-694 EPSDT claim form with the following exceptions.

A. Dental Billing

1. Procedure codes **D0120** and **99401** may be billed on either the DMS-694 or the American Dental Association (ADA) claim form. [View or print the ADA claim form.](#)
2. Prior authorization for procedure code **D0140** must be requested on the ADA claim form.
3. Procedure code **D0140** for a dental screen must be billed on the ADA claim form.

B. Procedure codes 99201 through 99215 (Office Medical Services), 99341 through 99353 (home medical services) and 99221 through 99223 (hospital inpatient medical services)

PROPOSED

are not EPSDT services and may not be billed on the DMS-694 EPSDT claim form. These codes must be billed in the CMS-1500 claim format.

- C. Providers are not limited to diagnosis codes V20.0, V20.1, V20.2 and V79.3 when billing EPSDT screening codes.
- D. Providers billing for immunizations should use the appropriate CPT or locally assigned procedure code for the specific immunization. The immunization procedure codes and descriptions may be found in the CPT book. Providers may bill the immunization procedure codes on either the DMS-694 EPSDT claim form, the CMS-1500 claim form or electronically. [View or print a CMS-1500 sample form.](#)

242.130 Restrictions on Duplication of Services

4-1-05

Services must be filed with the appropriate national procedure codes and applicable modifiers.

- A. The following procedure codes with the applicable modifier represent an EPSDT Periodic Complete Medical Screen that includes both hearing and vision screens.

EPSDT Periodic Complete Medical Screen claims must be filed with the appropriate CPT-4 procedure codes and modifier. Procedure codes 99381 through 99385 (New Patient), with modifiers EP and U1, and procedure codes 99391 through 99395 (Established Patient), with modifiers EP and U2, will represent an EPSDT periodic complete medical screen, which includes both hearing and vision screens.

Immunizations and laboratory tests may be billed separately.

Example for EPSDT Periodic Complete Screen for an established patient:

99391, Modifiers EP and U2 = EPSDT Periodic Complete Medical Screen
99173, Modifier EP = EPSDT Periodic Vision Screen
V5008, Modifier EP = EPSDT Periodic Hearing Screen

- B. The following procedure codes with applicable modifiers represent an EPSDT Interperiodic Full Medical Screen that includes both hearing and vision screens.

EPSDT Interperiodic Full Medical Screen claims must be filed with the appropriate CPT-4 procedure codes and modifiers: procedure codes 99391 through 99395 (Established Patient) with modifier EP, and procedure codes 99381 through 99385 (New Patient) with modifier EP.

Immunizations and laboratory tests may be billed separately.

Example for EPSDT Interperiodic Full Medical Screen for an established patient:

99391, Modifier EP = Interperiodic Full Medical Screen (Established Patient)
92012, Modifiers EP and TS = EPSDT Interperiodic Vision Screen
V5008, Modifiers EP and U1 = EPSDT Interperiodic Hearing Screen

*Procedure codes 99381 through 99385 (New Patient) with modifier EP should only be used to bill an EPSDT Interperiodic Full Medical Screen for new patients, ages 0 through 20 years of age, who have already received an EPSDT Periodic Complete Medical Screen by another provider within the current fiscal year.

242.140 Vaccines for Children Program

4-1-05

Vaccines available through the VFC program are covered for Medicaid-eligible children. Only the administrative fee is reimbursed. When filing claims for administering VFC vaccines, providers must use the CPT procedure code for the vaccine administered. Electronic and paper claims require modifiers EP and TJ. When filing paper claims, type of service code "6" and the modifiers EP and TJ must be entered on form DMS-694. [View or print a DMS-694 sample claim form.](#)

Medicaid policy regarding immunizations for adults remains unchanged by the VFC program.

The following list contains the vaccines available through the VFC program.

Vaccine Description	Procedure Code	Modifier 1	Modifier 2
Hemophilus influenza b (Hib) conjugate (4 dose schedule) for intramuscular use	90645	EP	TJ
Hemophilus influenza b (Hib) PRP-D conjugate for booster use only, intramuscular use	90646	EP	TJ
Hemophilus influenza b (Hib) PRP-OMP conjugate (3 dose schedule), for intramuscular use	90647	EP	TJ
Influenza virus vaccine, split virus, preservative free, for children 6-35 months of age, for intramuscular use	90655	EP	TJ
Influenza virus vaccine, split virus, for children 6-35 months of age, for intramuscular use	90657	EP	TJ
Influenza virus vaccine, split virus, for use in individuals 3 years and above, for intramuscular use	90658	EP	TJ
Pneumococcal conjugate vaccine polyvalent, for children under 5 years, for intramuscular use	90669	EP	TJ
Diphtheria, tetanus toxoids and acellular pertussis vaccine (DtaP), for intramuscular use	90700	EP	TJ
Diphtheria and tetanus toxoids (DT) absorbed for use in individuals younger than 7 years, for intramuscular use	90702	EP	TJ
Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	90707	EP	TJ
Poliovirus vaccine, any type(s) (OPV), live, for oral use	90712	EP	TJ
Poliovirus vaccine, inactivated (IPV), for subcutaneous use	90713	EP	TJ

PROPOSED Child Health Services/Early and Periodic Screening, Diagnosis, and Treatment			Section II
Varicella virus vaccine, live, for subcutaneous use	90716	EP	TJ
Tetanus and diphtheria toxoids (Td) absorbed for use in individuals 7 years or older, for intramuscular use	90718	EP	TJ
Diphtheria, tetanus toxoids and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib) for intramuscular use	90720	EP	TJ
Diphtheria, tetanus toxoids and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use	90721	EP	TJ
Diphtheria, tetanus toxoids and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use	90723	EP	TJ
Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use	90743	EP	TJ
Hepatitis B vaccine, pediatric/adolescent (3 dose schedule), for intramuscular use	90744	EP	TJ

242.150 Limitation for Laboratory Procedures Performed as Part of EPSDT Screens

4-1-05

Child Health Services (EPSDT) screens do not include laboratory procedures unless the screen is performed by the recipient's primary care physician (PCP) or is conducted in accordance with a referral from the PCP.

The following tests are exempt from this limitation and may continue to be billed in conjunction with an EPSDT Screen performed in accordance with existing Medicaid policy:

81000 - Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
81001 - Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy
81002 - Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy
83020 - Hemoglobin, electrophoresis (e.g., AZ, S, C)
83655 - Lead
85013 - Blood count; spun microhematocrit
85014 - Blood count; other than spun hematocrit
85018 - Blood count, hemoglobin
86580 - Skin test; tuberculosis, intradermal

PROPOSED

86585 - Tuberculosis, tine test

Claims for laboratory tests, other than those specified above, performed in conjunction with an EPSDT screen will be denied, unless the screen is performed by the PCP or in accordance with a referral from the PCP.

The following screens will be affected by this policy:

National Code	Modifier 1	Modifier 2	Description
99381-99385	EP	U1	EPSDT Periodic Complete Medical Screen (Established Patient)
99391-99395	EP	U2	EPSDT Periodic Complete Medical Screen (New Patient)
*99381-99385	EP		EPSDT Interperiodic Full Medical Screen (New Patient)
99391-99395	EP		EPSDT Interperiodic Full Medical Screen (Established Patient)
99391	EP	52	Partial Medical Screen/Reassessment EPSDT health and developmental history (including assessment of physical development) (Established Patient)
99391-99395	EP	U1	Partial Medical Screen/Reassessment EPSDT unclothed physical assessment (Established Patient)
96151	EP		Partial Medical Screen EPSDT health and development history including assessment of mental development

*Procedure codes **99381** through **99385** (New Patient) with modifier EP should only be used to bill an EPSDT Interperiodic Full Medical Screen for new patients, ages 0 through 20 years of age, who have already received an EPSDT Periodic Complete Medical Screen by another PCP within the current fiscal year.